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UTILITY PATENT APPLICATION **TRANSMITTAL**

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Attorney Docket No.	12,458
First Inventor	Todd A. Williams et al
Title	SCRUBBING DEVICE MOP
5 Mail abol No	

(Only for n	ew nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.		¥_					
See MPEP c	APPLICATION ELEMENTS hapter 600 concerning utility patent application contents.	ADDRESS TO:	Commissioner for Patents Mail Stop Patent Application P.O. Box 1450 Alexandria VA 22313-1450	USB 99199					
(Submit 2. X Applica See 37 3. X Specific (preferror - Descri- Cross - Stater - Referror or a cc - Backg - Brief S - Brief I - Detailli - Claimi	ed arrangement set forth below) iptive title of the invention Reference to Related Applications nent Regarding Fed sponsored R & D ence to sequence listing, a table, computer program listing appendix round of the Invention Summary of the Invention Description of the Drawings (if filed) and Description	Computer Progr 8. Nucleotide and/or Ar (if applicable, all nece a. Computer b. Specificati i. CD-I ii. Pape c. Statemen ACCOMPANY	mino Acid Sequence Submission essary) Reader Form (CRF) ion Sequence Listing on: ROM or CD-R (2 copies); or	10/699					
5. Oath or Decla. X Nev b. Cop (for i. Appli	by from a prior application (37 CFR 1.63(d)) continuation/divisional with Box 18 completed) DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). cation Data Sheet. See 37 CFR 1.76	10. 37 CFR 3.73(t (when there is English Transl 12. X) Information Di Statement (ID 13. Preliminary Ar 14. X Return Receip (Should be sp 15. Certified Copy (if foreign prior (b)(2)(B)(i). Ap or its equivale 17. Other:	b) Statement Power of Attorney Power of Attorney Power of						
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: Continuation Divisional Continuation-in-part (CIP) of prior application No.:									
Prior application information: Examiner Art Unit: For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
	19. CORRESPON	DENCE ADDRESS		\dashv					
Customer	Number or Bar Code Label (Insert Customer No. or.)	Attach ber code (abel here)	OR X Correspondence address belo	W					
Name	William W. Haefliger								
Address	201 South Lake Ave., #512								
City	Pasadena	State CA	Zip Code 91101						
Country	USA 7	elephone (323) 684	4-2707 Fax (626) 449	<u>-</u> 0520					
Name (Print/Ty	^{рө)} William W. Hąef∤iger	Registration No. (Attorne	173120]					
Signature	my full		Date 10-25-03						

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PTO/SB/17 (10-03)

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(901PN)			Compl. 4. if Known						
A FEE TRANSMITTA	L	Appli	cation I	Numbe	er				
For FY 2004		Filing	Date						
Effective 10/03/003. Patent fees are subject to annual revision		First	Named	Inven	tor	Todd A. Williams et	al		
		Examiner Name							
X As 1024 claims small entity status. See 37 CFR 1.27		Art Unit							
TOTAL AMOUNT OF PAYMENT (\$)596.00		Attorney Docket No.			0.	12,458			
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)							
X Check Credit card Money Other None	3. ADDITIONAL FEES								
Deposit Account:		Large Entity Small Entity							
Deposit 08-0118	Fee Code	Fee (\$)	Fee Code	Fee (\$)		Fee Description	Fee Paid		
Account Number	1051	130	2051	65	Surch	arge - late filing fee or oath			
Deposit Account William W. Haefliger	1052	50	2052			arge - late provisional filing fee or sheet			
Name The Director is authorized to: (check all that apply)	1053	130	1053			English specification			
Charge fee(s) indicated below \overline{X} Credit any overpayments	1812	2,520	1812 2	2,520 F	or fili	ng a request for ex parte reexamination			
Charge any additional fee(s) or any underpayment of fee(s)	1804	920*	1804			esting publication of SIR prior to iner action			
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to the above-identified deposit account.		440	2054			iner action			
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1. BASIC FILING FEE	1252		2252		_	sion for reply within third month			
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1001 770 2001 385 Utility filing fee 385.	1401		2401	•		e of Appeal			
1002 340 2002 170 Design filing fee 1003 530 2003 265 Plant filing fee	1402		2402			a brief in support of an appeal			
1004 770 2004 385 Reissue filing fee	1403		2403			est for oral hearing			
1005 160 2005 80 Provisional filling fee		1,510			-	on to institute a public use proceeding			
	1452		2452			on to revive - unavoidable			
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2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility	issue fee (or reissue)			
Extra Claims below Fee Paid	1502	480	2502	240	Desig	n issue fee			
Independent O	1503	640	2503	320	Plant	issue fee			
Claims 3 - 3** = 0 X - = - Multiple Dependent	1460	130	1460	130	Petiti	ons to the Commissioner			
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Code (\$) Code (\$) 1202 18 2202 9 Claims in excess of 20	8021	40	8021	40	brobe vecou	ding each patent assignment per rty (times number of properties)	40.		
1201 86 2201 43 Independent claims in excess of 3	1809	770	2809			a submission after final rejection FR 1.129(a))			
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810			ach additional invention to be	 		
1204 86 2204 43 ** Reissue independent claims					exam	ined (37 CFR 1.129(b))	├── ┤ ┃		
over original patent 1205 18 2205 9 ** Reissue claims in excess of 20	1801 1802		2801 1802			uest for Continued Examination (RCE) uest for expedited examination	<u> </u>		
and over original patent	1002	300	1002	300		design application			
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**or number previously paid, if greater; For Reissues, see above	"Red	uced by	Basic F	iling Fe	e Pai	SUBTOTAL (3) (\$) 40	.00		
SUBMITTED BY						(Complete (if applicable))			

Name (Print/Type) William W. Haefliger 17,120 Telephone 323 684-2707 (Attorney/Agent) N 10-28-03 Date Signature WARNING: Information on this form may become public. Credit card information should not

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